

**BUSINESS OWNER/OPERATOR IDENTIFICATION****FACILITY****UNIFIED PROGRAM CONSOLIDATED FORM**

FRESNO COUNTY HUMAN SERVICES SYSTEM - DEPARTMENT OF COMMUNITY HEALTH - ENVIRONMENTAL HEALTH SYSTEM  
1221 Fulton Mall, Post Office Box 11867, Fresno, California 93775 (559) 445-3271

Page \_\_\_\_ of \_\_\_\_

I. IDENTIFICATION							
FACILITY ID#:	1	BEGINNING DATE:	100	ENDING DATE:	101		
BUSINESS NAME (Same as FACILITY NAME or DBA- Doing Business As):					3		
BUSINESS SITE ADDRESS:			103	BUSINESS PHONE:	102		
CITY:	104	COUNTY: FRESNO	108	STATE: CA	ZIP CODE:	105	
DUN & BRADSTREET:			106	SIC CODE (4 DIGIT #):		107	
BUSINESS OPERATOR NAME:			109	BUSINESS OPERATOR PHONE:		110	
II. BUSINESS OWNER							
OWNER NAME:			111	OWNER PHONE:		112	
OWNER MAILING ADDRESS:					113		
CITY:			114	STATE:	115	ZIP CODE:	116
III. ENVIRONMENTAL CONTACT							
CONTACT NAME:			117	CONTACT PHONE:		118	
CONTACT MAILING ADDRESS:					119		
CITY:			120	STATE:	121	ZIP CODE:	122
IV. EMERGENCY CONTACTS							
PRIMARY			SECONDARY				
NAME:			123	NAME:		128	
TITLE:			124	TITLE:		129	
BUSINESS PHONE:			125	BUSINESS PHONE:		130	
24 - HOUR PHONE			126	24 - HOUR PHONE:		131	
PAGER #			127	PAGER #:		132	
V. LOCAL REQUIREMENTS						133	
BUSINESS PLAN STATUS:							
<input type="checkbox"/> Y <input type="checkbox"/> N Is there any change to your hazardous materials inventory? If yes, complete and submit the "Hazardous Materials Inventory - Chemical Description" Form(s).							
<input type="checkbox"/> Y <input type="checkbox"/> N Is there any change to your general facility information (i.e., address, phone numbers, contact names, etc.)? If yes, complete this form to ensure the appropriate changes have been made.							
<input type="checkbox"/> Y <input type="checkbox"/> N Is there any change to your site map or building diagram(s)? If yes, submit an amended site map and/or building diagrams.							
CERTIFICATION:							
Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.							
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE:					DATE:	134	
PRINT NAME OF DOCUMENT PREPARER:					135		
PRINT NAME OF SIGNER:			136	TITLE OF SIGNER:		137	